BRANFORD RECREATION DEPARTMENT

ROOM RENTAL FORM BRANFORD RESIDENT'S ONLY

NAME		
ADDRESS		
HOME PHONE	WORK PHONE	
CELL PHONE	E-MAIL ADDRESS:	
1 ST DATE REQUESTED:	2 ND D	OATE:
TIME: FROM	TO(I	Please include set up time)
AMOUNT OF PEOPLE	((Children & Adults)
SET UP REQUESTED:		
(i.e.: 3 long tables with 15 chairs around, long table for cake, presents, etc.) ***********************************		
equipment or the facility. Please be sure to leave our rooms neat and throw all party garbage in the dumpster located in the parking lot. Deposits will only be returned if the facility is left in the condition that it was in when you arrived pending a check by our staff.		
NO ALCOHOL IS ALLOWED IN THE BUILDING OR ON THE PREMISES		
SIGNATURE:DATE: Please mail form with payment to "Branford Recreation Department" Attn: Andrea Steady 46 Church Street Branford, CT 06405		
	ny questions. Available dates v	a 8:30 a.m. to 4:30 p.m. Mon. – Fri. will only be given after a form is submitted.
Office use only: Rental Fee: Deposit:	Method of Payme Cash/Check #:	ent: